

INS. CASE OWNER:

KA CC 4, Acm 180 17003, K pa3

LKK: 70143 IDAC: 70143

Surveyor:

Ksu

DOI:

ASSIGNMENT

18/9/18

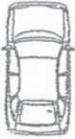
Date / Time:

18/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

6X 5504X



Insured Vehicle No.:

PERFECT DECO P/L

Claim No.:

S8M00VPP

OK

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

15/9/2018

Place of Accident:

Is driver the owner? ( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

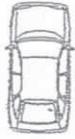
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SMAS480E



INSRS:

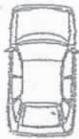
WSP:

Tel:

Liability:

RMKS:

D.S.K.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMAS480E, X;  
6X5504X, X

STAGE

DATE / PIC

Non-Reporting ltr (1st):  
Non-Reporting ltr (2nd):  
Non-Reporting ltr (Final):  
Notification ltr (if non-pickup):  
Call OI:  
After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 20/9 Sent By: [Signature]

FINALIZATION Date/Time: Confirm with: Confirm by: Email  Call

FINAL SETTLEMENT Date/Time: Confirm with: Email  Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. :  
Repair Cost: S\$  
Loss of Rental (LOR): S\$ ( days)  
Loss of Use (LOU): S\$ (\$ x days)  
Loss of Income (LOI): S\$ (\$ x days)  
LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]  
GIA/LTA Search S\$  
Medical: S\$  
Disbursement: S\$ (e.g. Tow/ Independent)  
Legal Cost S\$  
Total: S\$ Global Sum S\$:  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee:

FINAL PAYMENT Date/Time: Confirm with: Email  Call   
Payee 1: S\$ Name 1:  
Payee 2: (Strike if N.A.) S\$ Name 2:  
Payee 3: (Strike if N.A.) S\$ Name 3:

ASS. REC. BY:

REF: AKA

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ OSK

of \_\_\_\_\_ 04-09

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 876k

IDAC Accident Rport: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMA 5480E Yr Regn: 06, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Honda AJ Jazz c.c. 1.318

Colour: M.P-White A/C: Insured / Std / NI / NA

Sp. Reading: 6119 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JHM GK 3850 J x 223191

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size: F: 175/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 15/9/18

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 18/9/18

Survey held at \_\_\_\_\_

Des. of Damages: Nil / Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>19/9</u>	<u>File pass to Catherine</u>

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS,  SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ \_\_\_\_\_)